

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">091618596</div>	FILING DATE						
						APPLICANT(S)							
<div style="font-size: 1.2em; font-family: cursive;">2/2/04</div> <b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7		4					57						
8	1						58						
9		1					59						
10		1					60						
11	1						61						
12	1						62						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		1				TOTAL IND.						
TOTAL DEP.	9		0				TOTAL DEP.						
TOTAL CLAIMS	17		1				TOTAL CLAIMS						

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